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Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER D. E. Williamson - 59th ASSEMBLY DISTRICT		Date of This Filing 10-23-08	Date Stamp OCT 24 2008	LATE CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only R P.M. 10/23/08
AREA CODE/PHONE NUMBER (909) 758-8103	I.D. NUMBER (if applicable) 1305274	Report No. 1	RECEIVED AND FILED in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State	
CITY HIGHLAND	STATE CA.	ZIP CODE 92346	No. of Pages 1	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10-22	ZOOM MAILING REDLANDS, CA 92373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAIL FLYERS	3569. ⁻
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____
